

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Madison Project Inc.		FEC IDENTIFICATION NUMBER ▼ C C00298000	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Madison Project Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2015	
Mailing Address PO Box 15179		Amount 1.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.370752
Purpose of Expenditure Online Processing Fees		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 11 / 2015
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Madison Project Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2015	
Mailing Address PO Box 15179		Amount 3.75	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.370759
Purpose of Expenditure Online Processing Fees		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2015
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 4.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4.75
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Paul A Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
07 / 27 / 2015

Signature